

VENDOR LICENSURE/PLACEMENT RESOURCE FORM (SS-60) INSTRUCTIONS:

PURPOSE:

The SS-60 is used to track application information and to enroll alternative care vendors and placement resources in the Alternative Care Tracking System (ACTS). The form will be completed on the following types of vendor/resources:

1. Foster Family Home (includes private agency foster homes entered in the system by the Residential Licensing Unit)
2. Relative Home
3. Non-Relative Kinship Home
4. Adoptive Home (includes private child placing agency adoptive homes registered for adoption matching, private agency, DMH and DYS adoptive homes open for purposes of adoption subsidy)
5. Foster/Adoptive Home
6. Foster Family Group Home
7. Residential Facility
8. Juvenile Court Home
9. Medical/Mental Health Facility
10. Unclassified (e.g., doctor, dentist, pharmacy, department store or other commercial enterprises)
11. Child Placing Agency

* Application information is mandatory for these vendor types.
Application information is not gathered for private agency foster and adoptive homes.

If a vendor is classified as more than one type, separate forms will be completed for each type. The same vendor number would be used. However, if an unclassified vendor is also another vendor type, separate vendor numbers will be assigned to each, e.g., a foster parent owns a drug store; the drug store is assigned a different vendor number.

The information collected on the SS-60 will be used as follows:

1. As an interface with the alternative care client system for making alternative care payments.
2. As a resource locator for foster children.
3. As a resource locator for adoptive children.
4. To generate reminder notices for home study completions.
5. To generate reminder and overdue notices for relicensure.
6. To generate a county vendor listing and vendor listing by worker.
7. To generate a license to foster home vendors. (Licenses are issued at the time of initial licensure, re-licensure, or update of information. The license is mailed to the county office for transmittal to the foster home.)
8. To collect and report information as required by the federal Adoption and Foster Care Analysis and Reporting System (AFCARS).

NOTE: Class I Juvenile Court and Private Child Placing Agency Special Instructions:

- A. All Class I Juvenile Court vendors set up on the SS-60 will be designated as a JH or UN vendor type depending on the function of the vendor.

- B. Class I Juvenile Courts will continue to mail their SS-60's to Children's Services Payment unit (CPAY) for processing. Child Placing Agencies will mail their SS-60's to the Residential Licensing Unit in central office.
- C. The court workers and the private agency workers do not enter a worker I.D. number in field 46.
- D. If the juvenile Court places a child who is in their custody in a DFS licensed facility (foster family home, group home, residential facility, etc.), CPAY in DFS Central Office should be contacted for the vendor type and vendor number.
- E. Families registered for adoption matching by private child placing agencies will be matched for a period of one year from the date of initial registration. Another SS-60 using the action code of Re-licensure (LR) must be submitted if families are to be considered for matching beyond one year.

NUMBER OF COPIES AND DISTRIBUTION:

The initial SS-60 is a one-part form. It is to be transmitted for on-line entry to the Data Entry operator in the county office. A copy may be made for the file, if needed.

Class I County Juvenile Courts and private child placing agencies enrolling families for adoption matching will send their SS-60 forms to CPAY in DFS Central Office for on-line entry.

The Data Entry operator will always return the original SS-60 to the worker:

- A. In order to have the worker make needed correction(s) on the SS-60 the Data Entry operator will circle errors in red;
- B. When all the information from the SS-60 has been entered into the system and the Data Entry operator has initialed and dated the form in the lower right-hand corner. The worker can destroy the form when the turnaround is received.

When the only change on the SS-60 is in Section A, the worker should also re-enter their worker I.D. number in field 46. This is done in order to generate a turnaround form to the worker. Since Section A contains all Department of Social Services information which is in a shared area of the database, no turnaround would be generated when it is the only section of the form completed.

INSTRUCTIONS FOR COMPLETION:

This form is to be completed at the time of the following events:

- 1. Application as a vendor resource (applies to * vendor types listed on page 1)
- 2. Initiation of home study (applies to * vendor types listed on page 1)
- 3. Application decision (applies to * vendor types listed on page 1)
- 4. Initial licensure
- 5. Re-licensure
- 6. Updating
- 7. Closings
- 8. When private child placing agencies wish to register an adoptive family for adoption matching

Information is to be printed in the gray areas of the form. Print legibly when completing the form so the Data Entry operator can easily read the information to be entered.

A one part turnaround form will be generated to the Worker County (field 47) as a result of the information entered. Information on the turnaround will be printed in the white areas of the form. A copy may be made for the file, if needed.

The turnaround copy should always be used for re-openings, updating, and closings. However, if the case manager wishes to report a change before the turnaround is received in the county office, the change can be reported by completing a blank SS-60 form, entering information in the required fields 1, 2, and 3 with the change(s) to be reported in the gray area(s). If more than one action occurs for a case per day, only one turnaround form will be generated.

A replacement SS-60 turnaround form can be generated by re-entering the worker number in Field 46.

Asterisks (**) next to an item indicate that codes for the item are listed on the SS-60 code sheet.

**1. Action: Enter the appropriate code for the type of action to be taken. Only one action code can be reported in this field unless approval of a study and licensure information is being reported at the same time. In this situation, two action codes can be used in field 1 to report these actions, i.e., AP/LI or AU/LI.

See Attachment A for required, optional, and not allowed fields for each action code.

AP - Application: Use this code to enter application information in Sections A, B and G for individuals or facilities which have applied to become a foster Family Home (FH), Foster/Adoptive Home (FA), Relative Home(RH), Non-Relative Kinship Home (KH) Adoptive Home (AD), Foster Family Group Home (FG), Residential Facility (RF), Child Placing Agency (CP), Career Parent Home (CF) and Career Parent Respite Care Home (RP) vendor.

Application information in Section C can be entered in the system in two ways:

- A. All application information entered at one time (action code AP).
- B. The information can be entered at different times (action code AP initially and subsequent application information entered with action code AU).

If a resource previously established in the automated system has been closed and is again applying to become a resource, action code of AP would be used to report the application information. This would be followed by action code LI if the vendor is approved.

AU - Application Update: Only use this code to update:

1) application information in Section C, 2) general vendor information in Section A, 3) field 13 only in Section B, or 4) worker information in Section G for Foster Family Home (FH), Foster/Adoptive Home (FA), Relative Home (RH), Non-Relative Kinship Home (KH), Adoptive Home (AD), Foster Family Group Home (FG), Residential Facility (RF), or Child Placing Agency (CP), Career Parent Home (CF) and Career Parent Respite Care Home (RP) applicants.

If incorrect application information has been entered, it can be corrected on-line at the county office as long as initial licensure information has not been entered.

LI - Licensure - Initial: This code is to be used in the following situations:

- A. When Foster Family Home (FH), Foster/Adoptive Home (FA), Relative Home (RH), Non-Relative Kinship Home (KH), Adoptive Home (AD), Foster Family Group Home (FG), Residential Facility (RF), and Child Placing Agency (CP), Career Parent Home (CF) and Career Foster Parent Respite Care Home (RP) applicants are initially licensed as a vendor.
- B. When private child placing agencies initially register families for adoption matching or when the family has been approved for adoption subsidy.

NOTE: Initial Licensure periods may be entered in the system up to 90 days prior to the licensure due dates.

LR - Re-licensure: Use this code when vendors are re-licensed. Re-licensure periods may be entered in the system up to 90 days prior to the re-licensure due date. Use this code for Foster Family Home (FH), Relative Home (RH), Non-Relative Kinship Home (KH), Adoptive Home (AD), Foster/Adoptive Home (FA), Foster Family Group Home (FG), Residential Facility (RF), Child Placing Agency (CP), Career Parent Home (CF), and Career Foster Parent Respite Care Home (RP) vendors.

UP - Update: Use this code when changing information on any vendor type except those in application status. (See action code AU for updating application information.)

Do not use the update code when the vendor is being re-licensed, as this may affect the vendor's payment. Use the re-licensure code (LR) for this action.

Significant changes in the circumstances of vendor types Foster Family Home (FH), Foster/Adoptive Home (FA), Adoptive Home (AD), Relative Home (RH), Non-Relative Kinship Home (KH), Foster Family Group Home (FG), Residential Facility (RF), Career Parent Home (CF), and Career Parent Respite Care Home (RP)

which occur during the licensure period may necessitate an update to the home study and to SS-60 (action code UP). This would not be considered a re-licensure, and the licensure time frame would not be altered. If during the re-evaluation it is determined the vendor no longer meets licensing standards, steps would be taken to begin revocation of the licensure status.

Some of the circumstances which would necessitate a re-evaluation of the vendor's situation and a resulting update to the SS-60 include:

- A. Move within the county, to a different county, or out-of-state. When a vendor moves to a different county, the county from which the vendor is moving should update the SS-60 with all the information available prior to transferring the vendor case file.
- B. Separation and/or divorce.
- C. Death.
- D. Marriage.

AD - Add to Vendor/Placement Resource File: ONLY use this code to open and re-open Medical/Mental Health Facility (MM), Unclassified Vendor (UN), and Juvenile Court Home (JH) vendor or facilities in the system.

NOTE: An Unclassified Vendor (UN) can only be opened by CPAY in Central Office. Staff must send a completed SS-60 to CPAY with an attached IOC explaining why the vendor needs to be opened. The IOC needs to include the foster child's name and DCN when relevant.

An error message will appear on the ZVAD screen if anyone other than CPAY attempts to open an unclassified vendor in the Alternative Care Vendor System.

CL - Close: Use this code to close a vendor from the automated system. The data entered in field 24, License End/Close Date, is the end of the licensure period. To close a vendor (any date up to and including the end of the licensure period) a date must be entered in field 24 and a code in field 25. The code of CL will be used for all vendor types.

2. Vendor Number: Enter the computer-generated number assigned to the vendor. This is a nine-digit number. If a vendor was closed and is being re-opened, a search through transaction VNME (Vendor Name Inquiry) and VNMA (Vendor Name Search) should be used to determine if the previously assigned vendor number is still on the database. If the vendor cannot be found, a new number should be assigned

**3. Vendor Type: Enter the pertinent code to denote vendor type.

SECTION A - DEPARTMENT VENDOR INFORMATION:

Complete Section A for all vendors and applicants.

4. Vendor Name: Enter the vendor name. If the vendor is an individual, enter the last name, first name, and middle initial.

Example: Jones Mary L

If the vendor is a husband and wife, enter the last name, the husband's first name, the word "and," and the wife's first name.

Example: Brown John and Susan

If the wife uses her maiden name, enter the husband's last and first name, the word "and," and the wife's maiden name and first name.

Example: Brown John and Winter Susan

If the vendor is a facility or company, enter the business name.

Example: J C Penney Co

Licenses will be printed the same as the vendor name appears in this field. This is a 40-position field.

5. Telephone Number: Enter the area code and telephone number for the vendor. Completion of this field is optional.

NOTE: In order to completely delete a previously entered telephone number, use an action code of Update (UP) and enter an asterisk "*" in the gray area of this field.

- **6. Minority Status: Enter the appropriate minority code for vendors. A minority owned business is one in which fifty-one (51) percent or more of the ownership is Black, Hispanic, American Indian, Aleutian and/or Alaskan, or Oriental. If both foster parents are of different minority backgrounds, a code may be entered for either parent. This is a mandatory field.

7. Taxpayer Identification Number: Taxpayer identification number can only be updated by CPAY. County staff will need to contact CPAY if this field needs to be updated.

8. Address Line 1: Enter the first line of the street address. If the vendor address is a rural route or post office box only, it should be entered in this space. When a vendor does not have a street address or post office box, "General Delivery" should be entered in this space. This is a 23-position field.

9. Address Line 2: Enter the second line of the address if applicable. If a post office box number is used in addition to a street address, the post office box should be entered in this space. This is a 23-position field.

NOTE: In order to completely delete a previously entered address, use an action code of Update (UP) and enter an asterisk "*" in the gray area of this field.

10. City: Enter the name of the city of the vendor. This is a 16-position field.
- **11. State: Enter the two-letter abbreviation for the state of the vendor.
12. Zip Code: Enter the zip code of the vendor. A maximum of nine digits may be entered.

SECTION B - GENERAL VENDOR INFORMATION:

Section B is to be completed for all vendors and applicants.

- **13. Vendor County: Enter the FIPS county code for the county in which the vendor or placement resource is located. If the vendor is out-of-state, the code 999 will be used. When a child is placed out-of-state through the Interstate Compact on the Placement of Children (ICPC), the county which has legal jurisdiction of the child will be responsible for setting up the following types of vendors on the SS-60: Foster Family Home (FH), Foster Adoptive (FA), Foster Family Group Home (FG), Relative Home (RH), Non-Relative Kinship Home (KH), Adoptive Home (AD), Career Foster Parent (CF) and Career Foster Parent Respite Care provider (RP). As long as the child remains in the home, the county office will be responsible for the annual re-licensure of the home.

If arrangements are made to place a child in a Residential Facility (RF) out-of-state, the county with legal jurisdiction of the child should first determine if the facility is set up in the system (transactions VNME, VNMA and, if applicable, ZVEN - Vendor Case Inquiry). If the facility is not set up or their licensure period has lapsed, the county office should contact the Residential Licensing Unit in Central Office. The Residential Licensing Unit will determine if the out-of-state facility is currently licensed in that state. If the facility is licensed, Residential Licensing will complete an SS-60 and be responsible for the annual completion of the SS-60 as long as a Missouri child is placed in the facility. (ZVPL - Vendor Placement Inquiry transaction can be utilized to determine if a child is still placed at the facility.)

- **14. Subsidized Foster Home: Enter the code which indicates whether the foster home receives a monthly subsidy. For vendor types other than Foster Family Home (FH), enter "N". A subsidized foster home is defined as a foster family home contracted to receive an availability payment that assures 24-hour, 7-day-a-week availability for emergency placements.

This subsidy is independent of a child's placement. When a child is placed, a per diem is paid. Length of stay must be short term, usually a few days.

- **15. Private Agency Code: Enter the code of the private agency when the vendor is considered a private agency resource. This field is to be completed by the Residential Licensing Unit for Private Agency Foster Family Homes (FH), by private agencies approving Adoptive Homes (AD), by the Class I County Juvenile Court for Juvenile Court Homes (JH) and by DFS County Staff for Department of Mental Health (DMH) and Division of Youth Services (DYS) Adoptive Homes.

NOTE: In order to delete a private agency code, use an action code of Update (UP) and enter an asterisk "*" in the gray area.

16. Payee Vendor Number: Make no entry in this field.

17. Payee Name: Make no entry in this field.

NOTE: Entry of a "Payee Vendor Number" and "Payee Name" is restricted to CPAY. To request that a payee be set up, send an IOC with supervisory approval to CPAY with the name and address of the payee to be used. After entry, the payee vendor number and payee name will be reflected on the SS-60 turnaround form.

SECTION C - APPLICATION INFORMATION:

Section C is to be completed for vendor types Foster Family Home (FH), Foster/Adoptive Home (FA), Relative Home (RH), Non-Relative Kinship Home (KH), Adoptive Home (AD), Foster Family Group Home (FG), Residential Facility (RF), Child Placing Agency (CP), Career Parent Home (CF) and Career Parent Respite Care Home (RP) applicants.

18. Date Application Received: Enter the month, day, and year the application is received in the county office. For Relative Home (RH) or Kinship (KH) vendor type, this may be date of verbal request, juvenile court request, or date study is initiated. The date must contain 6 characters. Example: 11-05-88. This cannot be a date in the future.

19. Date Study Began: Enter the month, day, and year the home study is initiated. The date must contain 6 characters. Example: 11-05-88. This cannot be a date in the future.

20. Date of Decision: Enter the month, day, and year the application decision is made. The date must contain 6 characters. Example: 11-05-88. This cannot be a date in the future.

**21. Application Decision: Enter the code which indicates the application decision.

22. Leave this field blank.

SECTION D - LICENSURE INFORMATION:

Section D is to be completed for vendor types Foster Family Home (FH), Relative Home (RH), Non-Relative Kinship Home (KH), Foster/Adoptive (FA), Adoptive Home (AD), Foster Family Group Home (FG), Group Home (GH), Residential Facility (RF), Child Placing Agency (CP), Career Parent Home (CF) and Career Parent Respite Care Home (RP) when initial licensure or re-licensure information is being reported.

23. Begin Date: Enter the month, day, and year the license is to become effective. The data must contain six characters. Example: 09-05-88. The begin date entered can be up to 90 days in the future.

24. End/Close Date: Enter the month, day, and year the license is to expire. The licensure extends through this date. For closings, enter the effective close date. The date must contain six characters. Example: 02-05-89.

The maximum licensure period for Foster Family Home (FH), Relative Home (RH), Non-Relative Kinship Home (KH) Foster Family Group Home (FG), Group Home (GH), Residential Facility (RF), Child Placing Agency (CP), Adoptive Home (AD), Career Parent Home (CF) and Career Parent Respite Care Home (RP) vendor type is two years. Example: 09-05-89 - 09-04-91. The maximum licensure period for a Foster/Adoptive Home (FA) is nine months. Example: 09-13-88 through 06-12-89. Staff can re-license FA vendors for subsequent nine month periods until custody is transferred for the purpose of adoption, adoption is granted or the adoption subsidy is approved.

24a. Licensing Status: Enter the code for the vendor's licensing status:

1=the vendor meets licensing and training requirements.

2=the vendor is pursuing licensure and maintenance.

3=the vendor is not pursuing licensure or maintenance.

- Code '1' will correspond to placement types: KHO, KHB, KHM, RHO, RHB, and RHM. If the vendor's license has expired and the vendor chooses to meet licensing requirements, they must apply for a new license before this field can be updated.
- Code '2' will correspond to placement types: RHU and KHU **ONLY**. If a vendor is pursuing licensure, the vendor can be updated to reflect when licensure has been completed to Code '1'. If it is determined the vendor does not meet licensure requirements or later chooses not to receive maintenance, the vendor should be updated to Code '3'.
- Code '3' will correspond to placement types: RHU and KHU **ONLY**. Vendors classified as a Code '3' do not meet licensure requirements or opt not to be licensed. These vendors are not eligible for maintenance.

The licensing status entered in Field 24a determines the maintenance payment in Field 56 on the SS-61. See chart below.

Placement Type	LICENSURE CODES 1, 2, 3 FIELD 24a ON SS-60	MAINTENANCE CODES ON SS-61
KHU	2 = Pursuing licensure	<i>IF</i> Kinship/Relative Status = 2: Enter code of '1' in field 56 on SS-61. This will automatically generate payment for 90 days and only 90 days. DO NOT PAY PROVIDER PAST 90 DAYS , unless licensure is completed and system updated.
RHU	3 = Not pursuing licensure	<i>IF</i> Kinship/Relative Status = 3: Enter code of '3' in field 56 on SS-61 when the provider does want to pursue licensure or may not be eligible for licensure. Payment will not generate as the provider is not eligible to receive payments.
KHO	1 = Vendor meets licensure, contract and training requirements	When licensure is completed on kinship/relative providers within 90 days and ZVLI (field 24a) is updated within 90 days to a '1', ZCC3 (field 56) will be correct. If licensure is not completed within 90 days, update ZVLI (field 2) to a '1' and update ZCC3 (field 56) on the SS-61 from '3' to '1'.
RHO	Update ZVLI (field 24a) from status '2' to status '1'	
KHB	1 = Vendor meets licensure, contract and training requirements	Update ZCC3 (field 56) on the SS-61 from '1' to '4'.
RHB	Update ZVLI (field 24a) from status '2' to status '1'	
KHM	1 = Vendor meets licensure, contract and training requirements	Update ZCC3 (field 56) on the SS-61 from '1' to '4'.
RHM	Update ZVLI (field 24a) from status '2' to status '1'	

****25. Close Reason:** Enter the pertinent two position code for the reason the vendor's license was terminated. If an adoptive family is approved for adoption subsidy for a child(ren), the family will remain open as long as adoption subsidy is being paid.

26. Leave this field blank.

****27. Resource Suspension Code:** Enter the code which indicates if the vendor is in suspension status, i.e., not accepting children at this time, or for a private agency, not interested in accepting DFS children. Only DFS or private agency licensed foster family homes or approved adoptive homes can be in suspension status. For all other vendor types, enter "A." This is not a suspension of the license, but of the matching process through the ZVRS transaction.

28. Not applicable; leave this field blank.

SECTION E - AGE/SEX ACCOMMODATION INFORMATION:

Section E is to be completed for vendor types Foster Family Home (FH), Foster/Adoptive Home (FA), Relative Home (RH), Non-Relative Kinship Home (KH) Adoptive Home (AD), Foster Family Group Home (FG), Residential Facility (RF), Career Parent Home (CF) and Career Parent Respite Care Home (RP).

****29. Age Range and Sex:** In this section, enter the age range and sex of children for which the vendor is licensed or approved. Age range can be from 0 to 21. Age range is a two position field.

Examples:

- A. For a home/facility licensed/approved to care for any child age 0-18 of either sex:

29.	From	To	Sex		From	To	Sex
Age Range							
	00	18	B				

- B. For a home/facility licensed/approved to care for boys age 0-6, and girls age 6-12:

29.	From	To	Sex		From	To	Sex
Age Range							
	00	06	M		06	12	F

- C. For a home/facility licensed/approved to care for a boy age 5:

29.	From	To	Sex		From	To	Sex
Age Range							
	05	05	M				

- D. For a home/facility which has been licensed/approved to care for a boy age 5. The vendor is then updated on the turnaround form to care for a boy age 5-11:

29.	From	To	Sex		From	To	Sex
Age Range							
	05	05	M				
	05	11	M				

NOTE: If information in the second set of age range/sex fields needs to be deleted, use an action code of Update (UP), enter an asterisk "*" in the gray area for each Age Range field and an asterisk "*" in the gray area for the Sex field.

30. Capacity: Enter the maximum number of children for which the facility or home is licensed/approved to care. For Adoptive homes, enter the number of children the family is approved to adopt. This is a three position field.
31. Leave this field blank.

SECTION F - ACCOMMODATION INFORMATION:

Section F is to be completed for vendor types Foster Family Home (FH), Foster/Adoptive Home (FA), Adoptive Home (AD), Foster Family Group Home (FG), Residential Facility (RF), Career Parent Home (CF), Career Parent Respite Care Home (RP), Relative Home (RH) and Non-Relative Kinship Home (KH).

32. Acceptable Race: Enter an "X(s)" in the box(es) of the racial background of a child(ren) which is acceptable to the vendor. More than one box may be marked. When a change is being made in this field (action code UP or LR), each desired selection must be marked.

The number code(s) selected will be printed in the field marked "Current" on the turnaround form.

- 32a. Acceptable Origin: Enter a "Y" or "N" to indicate whether the vendor is willing to accept a child of Hispanic origin. A child is considered to be of Hispanic origin if he is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race.

33. Total Siblings Acceptable: Enter the number of siblings the vendor is willing to accept for placement. If the family will not accept siblings, or is approved for one child, leave field blank. The system will not accept a number less than "2" in this field. The number entered cannot exceed the number entered in field 30, Capacity or Slots. This is a two position field.

NOTE: If a number has previously been entered into the system and siblings are no longer acceptable, use an action code of Update (UP) and enter an asterisk "*" in the gray area to delete the number.

- **34. Legal Risks: Enter the code which indicates whether or not a child would be considered when legal risks are present, e.g., parental rights not yet terminated. This field should be completed for vendor type Adoptive Home (AD).

35. Acceptable Religion: Enter an "X(s)" in the box of the religion of the child which is acceptable to the vendor. More than one box may be marked. When a change is being made in this field (action code UP or LR), each desired selection must be marked.

The number code(s) selected will be printed in the field marked "Current" on the turnaround form.

Examples for completing fields 32, 32a, 33, and 35 include:

A. Example A shows the following vendor preferences:

- The home has a preference for a child of an American Indian race;
- The home would accept sibling groups of up to four (4) children;
- The home would prefer children of Catholic or Protestant religion.

Example A:

32. Acceptable Race <input type="checkbox"/> 1-White <input checked="" type="checkbox"/> 4-Amer.Ind./Alaskan Native <input type="checkbox"/> 2-Black <input type="checkbox"/> 5-Asian/Pacific Islander <input type="checkbox"/> 7-No Pref.	Current	32a.Hisp. Origin Acceptable (Y/N)	33.Total Acceptable Sibs.	34.Legal Risks (adopt.only)	35. Acceptable Religion <input checked="" type="checkbox"/> 1- Catholic <input type="checkbox"/> 4 - Other <input checked="" type="checkbox"/> 2-Protestant <input type="checkbox"/> 5-No Pref. <input type="checkbox"/> 3 - Jewish	Current
		N	04			

Example A Turnaround:

32. Acceptable Race <input type="checkbox"/> 1-White <input type="checkbox"/> 4-Amer.Ind./Alaskan Native <input type="checkbox"/> 2-Black <input type="checkbox"/> 5-Asian/Pacific Islander <input type="checkbox"/> 7-No Pref.	Current	32a.Hisp. Origin Acceptable (Y/N)	33.Total Acceptable Sibs.	34.Legal Risks (adopt.only)	35. Acceptable Religion <input type="checkbox"/> 1- Catholic <input type="checkbox"/> 4 - Other <input type="checkbox"/> 2-Protestant <input type="checkbox"/> 5-No Pref. <input type="checkbox"/> 3 - Jewish	Current
	4	N	04			1 2

B. Example B shows the following vendor preferences:

- The home would prefer children of Black ethnic background;
- The vendor is approved for one child;
- The home has no preference as to the religion of any child it would accept.

Example B:

32. Acceptable Race <input type="checkbox"/> 1-White <input type="checkbox"/> 4-Amer.Ind./Alaskan Native <input checked="" type="checkbox"/> 2-Black <input type="checkbox"/> 5-Asian/Pacific Islander <input type="checkbox"/> 7-No Pref.	Current	32a.Hisp. Origin Acceptable (Y/N)	33.Total Acceptable Sibs.	34.Legal Risks (adopt.only)	35. Acceptable Religion <input type="checkbox"/> 1- Catholic <input type="checkbox"/> 4 - Other <input type="checkbox"/> 2-Protestant <input checked="" type="checkbox"/> 5-No Pref. <input type="checkbox"/> 3 - Jewish	Current
		N				

Example B Turnaround:

32. Acceptable Race <input type="checkbox"/> 1-White <input type="checkbox"/> 4-Amer.Ind./Alaskan Native <input type="checkbox"/> 2-Black <input type="checkbox"/> 5-Asian/Pacific Islander <input type="checkbox"/> 7-No Pref.	Current	32a.Hisp. Origin Acceptable (Y/N)	33.Total Acceptable Sibs.	34.Legal Risks (adopt.only)	35. Acceptable Religion <input type="checkbox"/> 1- Catholic <input type="checkbox"/> 4 - Other <input type="checkbox"/> 2-Protestant <input type="checkbox"/> 5-No Pref. <input type="checkbox"/> 3 - Jewish	Current
	2	N				5

C. Example C shows the following vendor preferences:

- The home will accept children of any race;
- The home will accept children of Hispanic origin;
- The vendor is approved for one child;
- The home has no preference as to the religion of any child it would accept.

Example C:

32. Acceptable Race <input type="checkbox"/> 1-White <input type="checkbox"/> 4-Amer.Ind./Alaskan Native <input type="checkbox"/> 2-Black <input type="checkbox"/> 5-Asian/Pacific Islander <input checked="" type="checkbox"/> 7-No Pref.	Current	32a.Hisp. Origin Acceptable (Y/N) Y	33.Total Acceptable Sibs.	34.Legal Risks (adopt.only)	35. Acceptable Religion <input type="checkbox"/> 1- Catholic <input type="checkbox"/> 4 - Other <input type="checkbox"/> 2-Protestant <input checked="" type="checkbox"/> 5-No Pref. <input type="checkbox"/> 3 - Jewish	Current
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Example C Turnaround:

32. Acceptable Race <input type="checkbox"/> 1-White <input type="checkbox"/> 4-Amer.Ind./Alaskan Native <input type="checkbox"/> 2-Black <input type="checkbox"/> 5-Asian/Pacific Islander <input type="checkbox"/> 7-No Pref.	Current	32a.Hisp. Origin Acceptable (Y/N) Y	33.Total Acceptable Sibs.	34.Legal Risks (adopt.only)	35. Acceptable Religion <input type="checkbox"/> 1- Catholic <input type="checkbox"/> 4 - Other <input type="checkbox"/> 2-Protestant <input type="checkbox"/> 5-No Pref. <input type="checkbox"/> 3 - Jewish	Current
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DISABILITY LEVEL ACCEPTANCE:

Fields 36a-e represent levels of functioning that the vendor is willing to accept. These can be used to match children with vendors. Refer to SS-61 fields 69-73 for information about a child's Evaluated Disability Conditions.

****36a. Physical Functioning:** Enter the code to indicate the functioning level the vendor can accept regarding physical disability. Physically disabled is defined as a physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.

****36b. Emotionally Disturbed:** Enter the code to indicate the functioning level the vendor can accept regarding emotional disturbance. Emotionally disturbed is defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree:

- an inability to build or maintain satisfactory interpersonal relationships;
- inappropriate types of behavior or feelings under normal circumstances;
- a general pervasive mood of unhappiness or depression; or,

- a tendency to develop physical symptoms or fears associated with personal problems.

The term does include persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed.

- **36c. Mental Retardation:** Enter the code to indicate the functioning level the vendor can accept regarding mental retardation. Mental retardation is defined as significantly subaverage cognitive and motor functioning along with developmental delays that adversely affect a child's/youth's socialization and learning.
- **36d. Visually or Hearing Impaired:** Enter the code to indicate the functioning level the vendor can accept regarding a visual or hearing impairment. Visually or Hearing Impaired is defined as having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance.
- **36e. Other Medically Diagnosed Condition Requiring Special Care:** Enter the code to indicate the functioning level the vendor can accept regarding a condition other than physical, emotional, mental retardation, or visual/hearing conditions, which require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS.

NOTE: Foster/Adoptive mother and/or Foster/Adoptive father information (items 39 - 44) must be entered at the time of initial licensure for Foster Family Home (FH), Adoptive Home (AD), Foster/Adoptive Home (FA), Career Parent Home (CP) and Career Parent Respite Care (RP) vendors.

FOSTER/ADOPTIVE MOTHER:

- **39. Race:** Enter a code to indicate the race of the foster/adoptive mother.

NOTE: If the foster/adoptive mother's heritage contains 2 or more races, enter the race with which she identifies. For AFCARS reporting purposes, Hispanic is not a race, it is an ethnicity or origin.

- **39a. Hispanic Origin:** Enter a code to indicate if the foster/adoptive mother is of Hispanic Origin. A person is considered to be of Hispanic origin if she is Mexican, Puerto Rican, Cuban, Central or South American, or of other Spanish cultural origin regardless of race.
- **40. Religion:** Enter a code to indicate the religion of the foster/adoptive mother.
- 41. Date of Birth:** Enter the month, day, century, and year of birth of the foster/adoptive mother. This date must contain eight (8) characters. Example: 11-05-1957.

FOSTER/ADOPTIVE FATHER:

- **42. Race:** Enter a code to indicate the race of the foster/adoptive father.

NOTE: If the foster/adoptive father's heritage contains 2 or more races, enter the race with which he identifies. For AFCARS reporting purposes, Hispanic is not a race, it is an ethnicity or origin.

**42a. Hispanic Origin: Enter a code to indicate if the foster/adoptive father is of Hispanic Origin. A person is considered to be of Hispanic origin if he is Mexican, Puerto Rican, Cuban, Central or South American, or of other Spanish cultural origin regardless of race.

**43. Religion: Enter a code to indicate the religion of the foster/adoptive father.

44. Date of Birth: Enter the date of birth of the foster/adoptive father. This date must contain eight (8) characters. Example: 11-05-1957.

NOTE: If the information for the mother or the father needs to be deleted (e.g., death, divorce), use an asterisk "*" in each of the gray areas for the Race, Religion, and Date of Birth fields.

45. Leave this field blank.

SECTION G - WORKER INFORMATION:

46. Worker ID Number: The worker completing the form must enter his/her worker ID number. This is a five-digit number (e.g., 99999). Class I Juvenile Court or private child placing agency employees completing the form do not enter a worker ID number.

If the only change to be made to a vendor case is to report a worker change within the county, this can be done by completing the Case Reassignment Form Vendor (SS-60A). The completed form should be submitted to the county Data Entry operator for entry.

**47. Worker County: Enter the FIPS county code for the county in which the worker completing the form is based. Interstate Placement Unit will use 997 and Residential Licensing Unit will use 998 in this field.

48. Caseload: Enter the caseload number of the worker completing the form. This field is optional, but may be required by a county office. Refer to local procedures for usage. This is a five-digit field (e.g., 99999).

Worker Signature: The worker completing the form must sign his/her name on the signature line.

Date Form Completed: Enter the month, day, and year the form is completed.

Supervisor's Initials: The worker's supervisor must initial the form to indicate supervisory review of the form has been completed.

MEMORANDA HISTORY: CS87-69, CS89-77, CS90-8, CS92-8, CS93-54, CS97-13, CS00-33
[CD05-80](#); [CD06-46](#)

Required Fields for Form SS-60

The information required to be entered on the form varies according to the "Action" reported in field 1 and the type of vendor on which the action is being reported.

Action Code of AP (Application)

Vendor Type of FH, FA, RH, KH, AD, FG, RF, CP, CF and RP

<u>Required Fields</u>	<u>Optional Fields</u>	<u>Fields Not Allowed</u>
1. Action	5. Telephone Number	All other fields
2. Vendor Number (DVN)	7. Taxpayer Identification Number (Can only be updated by CPAY)	
3. Vendor Type	9. Address Line 2	
4. Vendor Name	19. Date Study Began	
6. Minority Status	20. Date of Decision	
8. Address Line 1	21. Application Decision	
10. City	48. Caseload	
11. State		
12. Zip Code		
13. Vendor County		
18. Date Application Received		
46. Worker ID Number		
47. Worker County		

Signature

Date Form Completed

Supervisor's Initials

Action Code of AU (Application Update)

Vendor Type of FH, FA, RH, KH, AD, FG, RF, CP, CF and RP

<u>Required Fields</u>	<u>Optional Fields</u>	<u>Fields Not Allowed</u>
1. Action	4. Vendor Name	All other fields
2. Vendor Number (DVN)	5. Telephone Number	
3. Vendor Type	6. Minority Status	
	7. Taxpayer ID (Can only be updated by CPAY)	
Signature	8. Address Line 1	
	9. Address Line 2	
Date Form Completed	10. City	
	11. State	
Supervisor's Initials	12. Zip Code	
	13. Vendor County	
Any field listed as optional which is being updated.	18. Date Application Received	
	19. Date Study Began	
	20. Date of Decision	
	21. Application Decision	
	46. Worker ID Number	
	47. Worker County	
	48. Caseload	

Action Code of LI (Licensure - Initial) and LR (Re-Licensure)
Vendor Type of FH, FA, RH, KH, AD, FG, RF, CP, CF and RP

If information has been previously entered in the system for Sections A and B, it is not necessary to repeat the information unless it is being changed. Sections D, E, F and G are always mandatory for LI action code. For LR Action Code, it is only necessary to complete the fields which have changed.

<u>Required Fields</u>		<u>Optional Fields</u>	<u>Fields Not Allowed</u>		
1.	Action	4.	Vendor Name	18.	Date Application Received
2.	Vendor Number (DVN)	5.	Telephone Number	19.	Date Study Began
3.	Vendor Type	6.	Minority Status	20.	Date of Decision
14.	Subsidized Foster Home	7.	Taxpayer ID (Can only be updated by CPAY)	21.	Application Decision
23.	Begin Date	8.	Address Line 1	25.	Close Reason
24.	End/Close Date	9.	Address Line 2		
27.	Resource Suspension Code	10.	City		
28.		11.	State		
29.	Age Range/Sex (only FH, FA, RH, KH, AD, FG, RF, CF and RP vendor type)	12.	Zip Code		
30.	Capacity or Slots	13.	Vendor County		
32.	Acceptable Racial Background (only FH, FA, AD, FG, RF, CF, RP, RH, and KH)	15.	Private Agency Code		
32a	Acceptable Origin	48.	Caseload		
33.	Total Siblings Acceptable				
34.	Legal Risks (FA and AD vendor types)				
35.	Acceptable Religion (only FH, FA, AD, FG, RF, CF, RP, RH, and KH vendor type)				

Action Code of LI and LR (continued)

Disability Level Acceptance (only FH, FA, AD, FG, RF, CF, RP, RH, and KH vendor type)

- 36a. Physical
- 36b. Emotional/Social
- 36c. Mental Retardation
- 36d. Visual/Hearing
- 36e. Other Special Care

Foster/Adoptive Mother (only FH, FA, CF, RP, AD, RH, and KH vendor type)

- 39. Race
- 39a. Hispanic Origin
- 40. Religion
- 41. Date of Birth

Foster/Adoptive Father (only FH, FA, CF, RP, AD, RH, and KH vendor type)

- 42. Race
- 42a. Hispanic Origin
- 43. Religion
- 44. Date of Birth
- 46. Worker ID Number (not completed by private agency employees)
- 47. Worker County

Signature

Date Form Completed

Supervisor's Initials

NOTE: Fields 4-13 are required for private agency foster and adoptive homes.

Action Code of UP (Update)

All Vendor Types

If information has been previously entered into the system for Sections A-G, it is not necessary to repeat the information unless it is being changed.

<u>Required Fields</u>	<u>Optional Fields</u>	<u>Fields Not Allowed</u>
1. Action	Any field not listed as Required or Not Allowed	18. Date Application Received
2. Vendor Number (DVN)	7. Taxpayer ID (can only be updated by CPAY.)	19. Date Study Began
3. Vendor Type		20. Date of Decision
Signature		21. Application Decision
Date Form Completed		25. Close Reason
Supervisor's Initials		

Action Code of AD (Add to vendor/placement resource file.)

Vendor Type of MM, UN, and JH.

NOTE: Only CPAY in Central Office can open an UN vendor.
Refer to Note in Item 1 under (AD) Action Code for further instructions.

<u>Required Fields</u>	<u>Optional Fields</u>	<u>Fields Not Allowed</u>
1. Action	5. Telephone Number	Any field not listed as Required or Optional
2. Vendor Number (DVN)	7. Taxpayer Identification Number (Can only be updated by CPAY.)	
3. Vendor Type	9. Address Line 2.	
4. Vendor Name		
6. Minority Status		
8. Address Line 1		
10. City		
11. State		
12. Zip Code		
13. Vendor County		
15. Private Agency Code (Class I juvenile courts only)		
46. Worker ID Number (not allowed for Class I juvenile court employees)		
47. Worker County		

Signature

Date Form Completed

Supervisor's Initials

Action Code of CL (Close)

All Vendor Types

Required Fields

1. Action
2. Vendor Number (DVN)
3. Vendor Type
24. Close Date
25. Close Reason
46. Worker ID Number (Not allowed for Class I Juvenile Court employees)

Optional Fields

None

Fields Not Allowed

Any field not listed as Required

Signature

Date Form Completed

Supervisor's Initials

MEMORANDA HISTORY: CS87-69, CS89-77, CS97-13, CS97-34, [CD05-80](#), [CD06-46](#)